

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/763498**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/													
2	/													
3	/													
4	/													
5	/													
6	/													
7	/													
8	/													
9	/													
10	/													
11	/													
12	/													
13	/													
14	/													
15	/													
16	/													
17	/													
18	(1)													
19	/													
20	/													
21			/											
22			/											
23			/											
24			/											
25			/											
26				/										
27			/											
28			/											
29				/										
30				/										
31				/										
32				/										
33			/											
34			/											
35			/											
36			/											
37			/											
38				/										
39				/										
40			/											
41			/											
42				/										
43				/										
44														
45														
46														
47														
48														
49														
50														
TOTAL IND.			14											
TOTAL DEP.			9											
TOTAL CLAIMS			23											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3831